

Missouri Ethics Commission (MEC) PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization

1.	Statement Information		
	Date: 10-21-2016		
	Type: New Amended (if amending, enter MEC ID 41534 & section changed)		
2.	Committee Information		
	Committee & Elect MARY West		
	71 Eagle Cave Lane, St. Charles 1	MA 1.32AD BULLAO-101A	
	Committee Mailing Address, City, State, & Zip	Telephone Number	-
	The second secon		
	Onicial Continuese cinan Augustus	County Clerk or Board of Election Commissioners	_
	Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party		
3.	Treasurer/Deputy Treasurer Information		
	NAMON NIATheny	Treasurer's Email Address (optional)	_
	1707 - Pussing Care		
	1775 Bucking ham Green Treasurer's Mailing Address, City, State, & Gild St. Charles, MO 63303	(3/4) 223-4045 () Treasurer's Work Telephone Number	-
	51, WINDIE, WIO 6330 2	<u> Paranta da Paranta d</u>	
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	_
	Deputy Treasurer's Mailing Address, City, State, & Zip	() Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number	
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4.	Additional Committee Information		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Address, City, State, & Zip	_
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	Connected Organization's Name (if any)	Connected Organization's Mailing Address, City, State, & Zip	-
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions on back) No	
5.	Official Bank Account Information (required by all committees)		
			•
6.	Candidate Supported or Opposed (candidate committees must in	nclude self, if candidate)	
	TI EAGE COVE LAND ST. CLANDS NO 63303	(314)608-6867 ()	
	Name & Mailing-Address, City, State & Zipl of Candidate	Telephone Number (Candidate Committees Only)	
	Election Date Office Sought & Political Subdivision	Political Party Support or Oppose	
7.	Ballot Measure Supported or Opposed (campaign committees mu	ust complete this section)	
7.1	and measure supported of opposed (campaign committees int	The state of the second section of the second secon	
i	Name of Bailot Measure	Election Date & Political Subdivision Support or Oppose	
8.	Signature(s) Check certification(s) & sign (required by all commi	in note, white the commenter experience of the lost of the experience of the experie	ĺ
- 5	1.		•
	[X] I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
	The season hard	- LOCAL LIDAST	
1	Committee Treasurer	Candidate (Candidate Committees Only)	-

MO 300-1308 Packet (Rev. 11/2014)